

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>SK</i>	<i>32</i>	<i>2/17</i>
FORMALITY REVIEW	<i>SK</i>	<i>809</i>	<i>3/28/01</i>
RESPONSE FORMALITY REVIEW	<i>MD</i>	<i>K9R</i>	<i>25 10/10/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/06/03
2	✓	✓	9/4/03
3	✓	✓	5/12/04
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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